

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	8	TC 873	01/24/01
<b>RESPONSE FORMALITY REVIEW</b>			02-12-01

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	3	10	
2	12	11	
3	6	8	
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6	6	5	
7	10	10	
8	5	5	
9	1	1	
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11	1	1	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here